Name in Full: John T Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Newtown — County: Talbot

Date of death 1904: Month: July — Day: 4 — Age: Years: 70 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: U. S. Pensioner

Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving information: Isaac Anderson — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: 3 Months

Immediate: H. aematuria — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Thy are

Signature of Physician: Chas. H Rose

Address: Cordova, Md.

Accident or Suicide? +

LIBRARY BUREAU A68516

Name in Full: Sarah Blake

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Easton — County: Talbot

Date of death: Month: July — Day: 5 — 1904

Age: Years: — Months: 10 — Days:

Sex: Female — Color or Race: Black — Birthplace: near Easton

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Berry Blake — Father's Birthplace: Easton

Mother's Maiden Name: Amelia Gibson — Mother's Birthplace: Easton

Name of person giving Information: Father — How related to deceased: Father

1904

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach Trouble — How long:

Immediate: — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Dr J B Fairbank Sub Reg.

Address: Easton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bula G. Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mumsville — County: Dalton

Date of death: Month: July — Day: 14th — 1904

Age: Years: 2 — Months: 11 — Days: -

Sex: Female — Color or Race: Colored — Birthplace: Dunn Conn Co Ind

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Norman N. Brown — Father's Birthplace: Hartford Co Md

Mother's Maiden Name: Josphine Banks — Mother's Birthplace: Trapp Ind

Name of person giving Imformation: Norman G. Brown — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: one day

Immediate: Convulsions — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address:

Accident or Suicide?

LIBRARY BUREAU A68016

Name in Full: Dora Edith Campen

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Trappe County: Talbot

Date of death 1904: Month 7 Day 5

Age: Years 8 Months — Days —

Sex

Color or Race: Negro.

Birthplace: Talbot Co. Md.

~~Married~~, Single ~~or Widowed~~

Occupation: —

~~Name of Wife or Husband~~: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levin Henry Campen — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Georgianna Trippe. — Mother's Birthplace: Talbot Co Md.

Name of person giving information: Levin H Campen — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tetanus. — How long: 4 days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

~~Accident or Suicide?~~

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

LIBRARY BUREAU A88510

Name in Full: Hannah Coxen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mathews — County: Talbot

Date of death 1904 — Month: July — Day: 1 — Age — Years: 75 — Months: X — Days: X

Sex: Female — Color or Race: Negro — Birthplace: Dont Know

Married, Single or Widowed: Widow — Occupation: Househelp

Name of Wife or Husband: X

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving Information: Lewis Coxen — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: X — How long: X

Immediate: Disease of the Heart — How long: died instantly

Are the name, age, sex, color, date and place correctly given above? Yes are

Signature of Physician: Chas. H. Rowe

Address: Cordova, Md

Accident or Suicide? X

LIBRARY BUREAU A29516

Name in Full: Julia B. Dixon

CERTIFICATE OF DEATH

MARYLAND

Died Near Town: Easton County: Talbot

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: July	Day: 2	Age: Years 62	Months 11 / Days 6
Sex: Female	Color or Race: White	Birthplace: Baltimore, Md.			
Occupation: Lady	Where Residing if not at place of death: —				
Married, Single or Widowed: widow	Name of Wife or Husband: —				
Father's Name: Wm Bidgers	Father's Birthplace: England				
Mother's Maiden Name: Julia A. Barrett	Mother's Birthplace: England				
Name of person giving Imformation: Miss Nellie Warfield	How related to deceased: niece				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease Mitral Regurgitation	How long: Not Known	
Immediate: Heart Failure	How long: 10 Minutes	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Chas. F. Davidson M.D.	
	Address: Easton, Md.	
Accident or Suicide?		

LIBRARY BUREAU A88016

Name in Full: Lizzie R. Flaharty — 10 July

CERTIFICATE OF DEATH

MARYLAND

Died Town: near Easton — County: Talbot —

Date of death 1904 Month: July Day: 7 Age Years: 28 Months: 9 Days: —

Sex: Female Color or Race: white — Birthplace: Talbot Co. Md.

Occupation: Home Wife Where Residing if not at place of death: near Easton

Married, ~~Single~~ Widowed Name of Wife or Husband: Geo. W. Flaharty —

Father's Name: Jas. T. Frampton — Father's Birthplace: Talbot Co. Md.

Mother's Maiden Name: Sally E. Pascett Mother's Birthplace: Baltimore Md

Name of person giving Imformation: Husband (G. W. Flaharty) How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis How long: 14 wks

Immediate: Exhaustion How long: Four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. L. Davidson

Address: Easton, Md.

~~Accident or Suicide~~

LIBRARY BUREAU A88316

Name in Full: Sarah Elizabeth Frampton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton; County: Talbot

Date of death: Month: July; Day: 29th Wednesday; Years: 1904; Age: 54; Months: ; Days: 20

Sex: Female. Color or Race: White. Birthplace: Baltimore City

Occupation: House wife. Where Residing if not at place of death: —

Married, Single or Widowed: Married. Name of Husband: Willard L Frampton

Father's Name: William D. Roberts. Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Mary Ann Hobbs. Mother's Birthplace: Baltimore City

Name of person giving Information: Harry Roberts. How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastric Catarrh. How long: 3 years

Immediate: Exhaustion & Hemorrhage from bowels. How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julian A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A8881¢

Name in Full George E. Haddaway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: July — Day: 29 — Age: Years 61 — Months 7 — Days 14

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Editor + Journalist — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Anna R. Faithful

Father's Name: William Haddaway — Father's Birthplace: Md

Mother's Maiden Name: Susan Seymour — Mother's Birthplace: Md

Name of person giving Information: Anna R. Faithful — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral effusion — How long: 2 weeks

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Zipp M.D.

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A85516

Name in Full: Mrs Sarah Holland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Michaels; County: Talbot

Date of death 1904: Month: July; Day: 5

Age: Years: 84; Months: 7; Days: 18

Sex: Female; Color or Race: White; Birthplace: Md. Neck

Married, Single or Widowed: Widow; Occupation:

Name of Wife or Husband: James Holland

Father's Name: John Caulk; Father's Birthplace: Talbot

Mother's Maiden Name: Annie Ledmun; Mother's Birthplace: Talbot Co

Name of person giving information: Mrs W. H. Pratt; How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic nephritis; How long: I do not know

Immediate: Asthenia; How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Dr. Blascock

Address: St. Michaels Md

Accident or Suicide? no

LIBRARY BUREAU A83516

Name in Full: Anne Johns

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Talbot

Date of death: 1904 — Month: July — Day: 26 — Years: Age 77 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Talbot Co

Occupation: Widow — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Charles Johns

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Isaac Cooper — Father's Birthplace: —

Mother's Maiden Name: Bessie Cooper — Mother's Birthplace: —

Name of person giving Imformation: Chas. B. Tilghman — How related to deceased: Employer

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age. — How long: 15 y

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. Chas. Tilghman

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Florence Marie Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mc Daniel; County: Talbot

Date of death 1904: Month: 7; Day: 18

Age: Years: 1; Months: 3; Days: —

Sex: Female

Color or Race: Black

Birthplace: Mc Daniel Md

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband: —

Father's Name: Herman Johnson

Father's Birthplace: Mc Daniel Md

Mother's Maiden Name: Mamie Adams

Mother's Birthplace: Mc Daniel Md

Name of person giving information: Sarah Adams

How related to deceased: aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 3 months

Immediate: Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Norman B. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wittman County: Talbot,

Date of death: 1904 Month: 7 Day: 19 Age: Years: 2. Months: 3' Days: 28

Sex: Male Color or Race: White Birthplace: Talbot Co.

Occupation: Child Where Residing if not at place of death: Wittman Md

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Noah M. Jones Father's Birthplace: Talbot Co

Mother's Maiden Name: Louisine Haddaway Mother's Birthplace: Talbot Co.

Name of person giving Imformation: Mrs. Perfect How related to deceased: Nurse

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dysentery How long: 2. weeks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. E. Sutton

Address: St. Michaels, Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU Add 18

Name in Full: Patrick McNichols

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: July — Day: 6 — Age — Years: 84 — Months: 6 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Gentleman — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Murtaugh

Father's Name: Thos. or William McNichols — Father's Birthplace: Ireland

Mother's Maiden Name: Mary McDonough — Mother's Birthplace: Ireland

Name of person giving Imformation: Mary McNichols — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrh of Bladder — How long: 2 years

Immediate: Exhaustion — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Zipp

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88216

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James Madison Plummer

Died at: Town: St. Michaels; County: Talbot

Date of death 190: Month: 7; Day: 31; Years: Age 61; Months: —; Days: —

Sex: male; Color or Race: white; Birthplace: St Michaels Md

Married, Single or Widowed: married; Occupation: waterman

Name of Wife or Husband: Martha E. Plummer

Father's Name: Solomon Plummer; Father's Birthplace: St. Michaels Md

Mother's Maiden Name: Sarah Haddaway; Mother's Birthplace: Wittman Md

Name of person giving In formation: Martha E. Plummer; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic nephritis; How long: I do not know

Immediate: Asthenia Heart complications; How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide? —

LIBRARY BUREAU A88918

Name in Full: William H Ridgeway

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford; County: Talbot

Date of death: Month: July; Day: 3; Year: 1904; Age: Years: 81; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Talbot Co

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband:

Father's Name: Henry Ridgeway; Father's Birthplace: Talbot Co

Mother's Maiden Name: Sarah Lowery; Mother's Birthplace: Talbot Co.

Name of person giving Imformation: John H Ridgeway; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: —; How long:

Immediate: Cerebral Apoplexy; How long: Six hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Stevens

Address: Oxford

Accident or Suicide? No

LIBRARY BUREAU A83916

Name in Full: Short

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oxford — County: Talbot

Date of death 1904 — Month: July — Day: 27

Age — Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Oxford

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: William J. Short — Father's Birthplace: Dorchester Co. Md.

Mother's Maiden Name: Effie McLowers S. — Mother's Birthplace: Talbot Co. Md.

Name of person giving information: Wm J. Short — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Still Born — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Stevens

Address: Oxford Md.

Accident or Suicide? —

LIBRARY BUREAU A3881S

Name in Full: Hazel R. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot

Date of death: 1904 — Month: July — Day: 18 — Age: Years: 15 — Months: 2 — Days: 3

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Housegirl — Where Residing if not at place of death: Near Oxford

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: W. E. Thomas — Father's Birthplace: Maryland

Mother's Maiden Name: Anna M. Thomas — Mother's Birthplace: Maryland

Name of person giving Information: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Albuminuria — How long: 5 Months

Immediate: Convulsions — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. P. Robuck

Address: Oxford Talbot Co

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full John Westley Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Sherwood — County: Talbott

Date of death 1904 — Month: July — Day: 20 — Age: Years 61 — Months — — Days —

Sex: Male — Color or Race: Black — Birthplace: Talbot Co.

Married, ~~Single~~ or ~~Widowed~~: Married — Occupation: Laborer

Name of Wife or ~~Husband~~: Georgeanna Thomas

Father's Name: Henry Thomas — Father's Birthplace: Talbott Co

Mother's Maiden Name: Sophia Bidart — Mother's Birthplace: Talbott Co

Name of person giving In formation: Georgeanna Thomas — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: One Month

Immediate: Bright's Disease — How long: Three Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Kennedy Wilson

Address: Tilghman, Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Eliza Warner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Claiborne — County: Talbot

Date of death 1904: Month: 7 — Day: 12 — Age: Years: 83 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: St Michaels Md

Married, Single or Widowed: widowed — Occupation: House-work

Name of Wife or Husband: Geo. L. Warner

Father's Name: Jno. Wales — Father's Birthplace: Wiltmans Md

Mother's Maiden Name: Nancy Seymour — Mother's Birthplace: Wiltmans Md

Name of person giving information: Mrs. L. Hurd — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrh of Stomach & Intestines — How long: one year

Immediate: Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A Blakesock

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A68510

Name in Full: Infant Watson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Talbot — County:

Date of death: 1904 — Month: July — Day: 30th — Age — Years: — Months: 3 — Days: 22

Sex: Female — Color or Race: Colored — Birthplace: Oxford

Occupation: — Where Residing if not at place of death: no

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Frank Watson — Father's Birthplace: Oxford

Mother's Maiden Name: Louisa Anderson — Mother's Birthplace: Summer Set

Name of person giving Imformation: Mother — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bowel Trouble — How long: Two months

Immediate: Deemed Inquest not necessary. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: no Physician

Address:

Accident or Suicide?

Filed July 31st 1904

LIBRARY BUREAU A88016

Name in Full: Mary E. Wells

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Oxford (County): Talbot

Date of death: Month: July Day: 5th 1904

Age: Years: 32 Months: 4 Days: 5

Sex: Female Color or Race: Black Birthplace: Maryland

Occupation: Housewife Where Residing if not at place of death: Oxford Md

Married, Single or Widowed: Married Name of Wife or Husband: Lewis Wells

Father's Name: Samuel Webb Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Biscoe Mother's Birthplace: Maryland

Name of person giving Imformation: Lewis Wells How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuburculosis of the Lungs How long: Two Years

Immediate: Hemorhage of the Lungs How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. P. Robeck

Address: Oxford Talbot Co Maryland

Accident or Suicide?

LIBRARY BUREAU A8881

Name in Full: Thomas Dewey Wheeley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Trudy Hill; County: Talbot

Date of death	Month	Day	Years	Months	Days
1904	7	26	4	9	26

Sex: Male

Color or Race: White

Birthplace: Talbot Co, Md —

Occupation: ~~~

Where Residing if not at place of death: ~~~

Married, Single or Widowed: Single

Name of Wife or Husband: ~~~

Father's Name: George Albert Wheeley

Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Annie Frances Cheezum.

Mother's Birthplace: Talbot Co Md

Name of person giving Information: Geo A Wheeley

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Dysentery.

How long: 8 days —

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trippe, Talbot Co, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6081G

Name in Full: Francis. Hree

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Barber — County: Talbot

Date of death 190 4 — Month: 7 — Day: 14 — Age — Years: 2 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore City

Married, Single or ~~Widowed~~ — Occupation:

~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles H. Hree Jr. — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Ruth A. Green — Mother's Birthplace: Balto. Co Md

Name of person giving information: Chas H. Hree — How related to deceased: grand-father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Dysentery — How long: 9 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Roe M D

Address: Trappe, Talbot Co. Md

Accident or Suicide?

LIBRARY BUREAU A88310